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5. Coordinate and defend the deferral and disallowance of Medicaid funds associated with the activities of DMA and OCH.
6. Conduct periodic evaluations of local social services districts to ensure that protocols established in accordance with this Agreement are implemented effectively.

The New York State Department of Health shall:

1. Disseminate written information describing the Child/Teen Health Plan (C/THP) and other Medical Assistance services and eligibility requirements to local MCH primary and preventive health care programs and programs for CSN.
2. Provide local MCH primary and preventive health care programs and programs for CSN with DMA supplied brochures describing C/THP and other Medical Assistance services
3. Ensure procedures are in place for referral of all persons who may be eligible for Medicaid benefits but whose eligibility has not been determined.
4. Ensure that MCH primary and preventive health care program providers receiving Medicaid reimbursement for primary ambulatory care services covered by the C/THP program and rendered to C/THP eligibles participate and report

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such services as Child/Teen Health Plan examinations.

5. Be responsible within limits of the appropriations for payment for care, services, and supplies provided to MCH primary and preventive health care programs and programs for CSN participants not fully eligible for Medical Assistance as found in 18 NYCRR Part 360.
6. Conduct periodic evaluations of local MCH primary and preventive health care programs and programs for CSN to ensure that the quality of care is accordance with DOH standards.

Jointly the New York State Department of Social Services and the New York State Department of Health shall:

1. Make training programs available to local health care program providers and local social services districts to enable them to coordinate efforts of eligibility determination and increasing access to services.
2. Provide to each other, upon request, available data on clients participating in MCH primary and preventive health care programs and programs for CSN and the Medical Assistance Program.

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3. Explore and study the feasibility of conducting special outreach, referral and tracking efforts directed at Medical Assistance eligibles who are either unserved or underserved and may be eligible for MCH primary and preventive health care programs or programs for CSN.
4. Meet annually, and more often as needed, and be responsible for the coordination of planning for effective service delivery, and consideration of new initiatives, and the discussion of any issues or resolution of any problem which may arise under the terms of this Agreement.
5. Ensure that local social services districts and local MCH primary and preventive health care programs and programs for CSN participate as appropriate in these discussions and are informed of any policy changes that occur in accordance with the terms of this Agreement.

Terms of this Agreement:

1. No amendment of the terms of this Agreement shall be valid unless reduced to writing and signed by the necessary parties.

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2. This Agreement may be terminated by any of the parties hereto upon 30 days written notice to the other party.
3. This Agreement shall be for a period of two years beginning on the day last appearing and shall automatically be renewed for successive periods of two years, unless there is written notice to the other party of its intention not to renew the Agreement at least 30 days before the end of the current period.

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Summary of a revised Agreement, dated January 14, 1983 between the New York State Department of Social Services and the Office of Vocational Rehabilitation (OVR) within the New York State Department of Education relating to medical assistance benefits.

The agreement relates to the joint development of services for the non-blind handicapped and defines the reimbursement responsibilities for each agency when mutually serving the same client.

New York State Department of Social Services is responsible for:

1. Authorizing public and/or medical assistance.
2. Referring applicants/recipients to OVR when rehabilitation needs are indicated.
3. Being payor in the first instance for those prescribed services which part of a rehabilitation plan of care, are covered services by Title XIX.
4. Providing funds for care and maintainance to eligible persons served by both agencies.

The Office of Vocational Rehabilitation is responsible for:

1. The provision of vocational rehabilitation services to the non-blind physically and mentally handicapped persons.
2. To develop, restore and/or improve the work capacities of the vocationally handicapped.
3. OVR shall refer to DSS* for public assistance, any OVR applicant/client who appears in need of such social services.

OVR and DSS shall jointly be responsible for:

1. Developing financial and service plans for any case receiving both public assistance and rehabilitation services.
2. Establishing a regular visitation schedule in order to maximize resources for mutually shared clients.
3. Sharing of data and information that would change the eligibility of the mutually shared client for continuing prescribed care or services.
4. Designing training for agency staff and linkage routes for effectiveness and efficiency.
5. Observing client confidentiality rules.

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Summary of Cooperative Agreement between the New York State Department of Social Services and the New York State Superintendent of Insurance, dated January 14, 1985.

There is a joint responsibility of the above parties, including local Social Services districts that upon request to any other third party insurers for necessary information, that such request is only made to determine whether any insurance or other benefits have been or should have been claimed and paid with respect to items of medical care and services received by a particular individual for which medical assistance coverage would otherwise be available.

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Summary of Agreement between New York State Department of Social Services (DSS) and the New York State Education Department (SED) dated October 25, 1993 and October 12, 1993.

The New York State Department of Social Services shall be responsible for:

- 1) Establishing or revising standards, policies and procedures for administration of "School Supportive Health Services" (SSHS) in the Medical Assistance program.
- 2) Assuring the SED will be informed of all information required to meet any current and new mandates of the Medical Assistance program as they pertain to School Supportive Health Services Program (SSHSP).
- 3) Initiating amendments to the "State Plan" and submitting these to federal Department of Health and Human Services (HHS); and serving as liaison with respect to all State Plan Amendments, issues of compliance, or any other federal inquiry.
- 4) Entering into written provider agreements for the provision of Medical Assistance to eligible individuals only with providers meeting applicable standards for the provision of such services under federal and State law, which agreements will be in the form established and approved by DSS and shall comply with applicable federal requirements. DSS shall have the right to refuse to enter into such agreements with any provider should it determine that such provider is not in compliance with such requirements or that the provider has failed to comply with any of the terms thereof.
- 5) Reviewing and approving curriculum related to SED's training of school districts for the SSHSP.

The State Education Department shall be responsible for:

- 1) Reviewing of school districts' eligibility to become SSHS.
- 2) Providing school districts with training and information on participation in the Medical Assistance Program as SSHSP providers.
- 3) Establishing a system to assure that the school districts bill the Medical Assistance Program only for those types of services which are Medicaid reimbursable.
- 4) Monitoring the school districts' provision of SSHS to children with or suspected of having disabilities in accordance with Part 200 of the Regulations of the New York State Commissioner of Education and Article 89 of State Education Law.

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- 5) Obtaining written assurances from the school districts of their compliance with applicable rules, regulations, policies, standards, fee codes and procedures of the New York State Department of Social Services as set forth in Title 18 of the Official Compilation of Codes, Rules and Regulations of New York State and other publications of the Department, including Medicaid Management Information System Provider Manuals and other official bulletins of the Department and assuring that the local school districts understand and agree that they shall be subject and shall accept, subject to due process of law, any determinations pursuant to said rules, regulations, policies, standards, fee codes and procedures, including, but not limited to, any duly made determination affecting a school district's past, present and future status in the Medicaid program and/or imposing any duly considered sanction or penalty.
- 6) Monitoring school districts' compliance with:
 - o documentation requirements of SSHS;
 - o the obligation to provide SSHS by appropriately licensed or certified staff who meet Medicaid standards; and
 - o other third party insurance requirements.
- 7) Obtaining assurances from each school district to supply DSS with any documentation requested hereunder in a timely manner.
- 8) Obtaining assurances from each school district that it will not seek Medicaid reimbursement for any service paid for with other federal funds.
- 9) Assuring that Federal Medicaid funds are properly matched with State funds.
- 10) Obtaining assurances from each school district that they will not bill Medicaid for services covered by other third party reimbursement.

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Summary Of Agreement between New York State Department of Social Services (DSS), State Education Department (SED), and the Office of Mental Retardation and Developmental Disabilities (OMRDD).

1. State Education Department will be responsible for:
 - a. SED will reimburse school districts for the cost of education and related services provided to children who reside in an ICF/DD and attend a public school, a Board Cooperative Education Services ("BOCES") program, or a SED approved school not operated by an ICF/DD.
 - b. SED will provide OMRDD with cost data for education and related services for each child residing in an ICF/DD who attend public schools, BOCES, or SED approved school, or SED approved schools operated by ICFs/DDs. Such cost data will be provided on a mutually agreeable time schedule in a format prescribed by OMRDD. SED understands that OMRDD will use this data to develop ICF/DD reimbursement rates which include these and other costs allowable under the Medicaid program.
 - c. SED agrees to be responsible for and to pay to DSS any disallowance taken pursuant to federal and/or state law. SED will recoup such disallowance by allowing OMRDD to adjust the appropriate ICF/DD reimbursement rate to account for such disallowance.
 - d. SED will continue to monitor the education programs provided to children residing in ICFs/DD.
 - e. SED will direct school districts that they cannot access Medicaid reimbursement from the School Supportive Health Services Program ("SSHSP") for any child residing in the ICF/DD. SED and DSS will implement procedures to assure that there will be no double billing or double payment for educational and related services provided by school districts to children residing in ICFs/DD.
 - f. SED will transfer to DSS the amount of non-federal share of any and all funds associated with claims for Medicaid from non-state operated ICF/DDs made pursuant to this agreement. The amount of the transfer to DSS will be based upon a contribution by SED of 50% of the estimated cost for education and related services which are part of the ICF/DD rate calculation as determined pursuant to paragraph b above, and reconciled to actual costs based upon adjudicated claims as determined by DSS.
 - g. SED will review for form the contracts between the ICFs/DD and the school districts for education and related services and ensure that OMRDD receives signed copies of all such contracts.

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2. Office of Mental Retardation and Developmental Disabilities will be responsible for:
 - a. After payment is made by DSS through MMIS for all education and related services, OMRDD will recoup from participating non-state operated ICFs/DD the cost of such services provided to children residing in an ICF/DD and receiving education and related services in a public school, BOCES or a SED approved private school not operated by the ICF/DD and any other education costs incurred by a school district responsible for the education of the child from the reimbursement rate (calculated in accordance with paragraph 1(b) above) of the ICF/DD and transfer such funds to SED on a mutually agreeable schedule.
 - b. Upon payment by DSS, OMRDD will transfer to SED the Federal share for any and all Medicaid payments for education and related services provided to children who reside in state operated ICFs/DD and receive educational and related services in public schools, BOCES, or an SED approved private school not operated by a state operated ICF.
 - c. OMRDD will not be responsible for the state share of any Medicaid payment nor be responsible for payment of any Medicaid disallowance, however, in the event of any disallowance, OMRDD agrees to recoup the amount of any disallowance from the ICFs/DD incurring such disallowance by an adjustment to the reimbursement rate calculated in accordance with paragraph 1(b) and in accordance with paragraph 1(c).
 - d. OMRDD will continue to monitor IDF/DD program plans to assure compliance with applicable state and federal ICF/DD requirements.
3. Department of Social Services will be responsible for:
 - a. DSS will pay through the MMIS 100% of the cost of education and related services provided to children resident in non-state operated ICFs/DD, in accordance with reimbursement rates developed OMRDD utilizing data provided by SED in accordance with paragraph 1(b).
 - b. DSS will pay the federal share of the cost of education and related services provided to children resident in state operated ICFs/DD, in accordance with reimbursement rates developed by OMRDD utilizing data provided by SED in accordance with paragraph 1(b).
 - c. DSS shall consider the SED contribution made pursuant to paragraph 1(F) above to represent the full non-federal share contribution, and include all overburden obligations of counties pursuant to Social Services Law at Section 368-a.

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